

have low positive predictive value, need further development, and costs and consequences of screening are not fully known. **METHODS:** We entered economic/clinical data and expert opinion into a clinical decision model in order to compare: 1). Targeted screening (TS) of children with one or more risk factors for hearing disorders; 2). Universal neonatal hearing screening (UNHS) by automated auditory brainstem response (AABR); and 3). UNHS by otoacoustic emission (OAE) testing. **RESULTS:** 1). TS detected fewer than 15% of cases of bilateral hearing impairment; 2). AABR-based UNHS was the most efficient but also costly strategy; and 3). OAE-based UNHS gave a higher number of false positives than strategy two did. Results were sensitive to prevalence, lost-to-follow-up rates, and costs. **CONCLUSIONS:** About 1 to 3 children/1000 in France are born with at least moderate bilateral hearing impairment which should be detected and treated early for normal development (speech, cognitive and social functions). Our results for France confirm published data for other countries and can help our decision-makers prioritize screening strategies. However, longer term dynamic modeling is needed.

#### EAR—Patient Reported Outcomes

PER2

##### OUTCOMES ASSOCIATED WITH AN OTITIS PARENT QUESTIONNAIRE IN PEDIATRIC PATIENTS WITH ACUTE OTITIS MEDIA FOLLOWING ADMINISTRATION OF CEFDINIR ORAL SUSPENSION OR HIGH DOSE AMOXICILLIN/CLAVULANATE ORAL SUSPENSION

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**OBJECTIVES:** To compare parent-reported outcomes for children receiving either cefdinir (Omnicef®) or amoxicillin/clavulanate (Augmentin ES-600®) oral suspensions for the treatment of acute otitis media. Outcomes of satisfaction, tolerability, compliance and work/daycare missed were assessed using the Otitis Parent Questionnaire (OPQ). **METHODS:** In a phase 4, single-blind, parallel-group, randomized, multi-center study designed to compare safety and efficacy of cefdinir oral suspension (7 mg/kg/day every 12 hours for 10 days) to amoxicillin/clavulanate oral suspension (90/6.4 mg/kg/day amoxicillin base every 12 hours for 10 days), parents or legally authorized representatives of patients were asked to complete the OPQ, 12–15 days after the first dose of treatment. **RESULTS:** The intent-to-treat population included 311 patients, with a mean age of 37 months. Parents reported significantly better ease of use and taste in the cefdinir vs. the amoxicillin/clavulanate treatment groups (both  $p < 0.0001$ ); parents were satisfied or very satisfied with the ease of use (89%) and with the taste of cefdinir (85%) as compared with amoxicillin/clavulanate (57% and 39%, respectively). Children were more likely to take their medication in the cefdinir group compared to the amoxicillin/clavulanate group: parents reported 82% of children took at least 95% of their doses of cefdinir, while 61% took at least 95% of the prescribed dose of amoxicillin/clavulanate ( $p < 0.0001$ ). Parent reported data suggested that their children were significantly more likely to experience diarrhea/loose stools in the amoxicillin/clavulanate group than in the cefdinir group (28% vs. 18%;  $p = 0.0341$ ). There were no statistically significant differences in work/daycare missed. **CONCLUSIONS:** Based on parents' assessments using the OPQ, cefdinir was easier to administer and better tasting. Children who received cefdinir experienced less vomiting and diarrhea/loose stools. In addition, these children were reported to be more compliant than those who received amoxicillin/clavulanate.

#### EYE—Clinical Outcomes Studies

PEY1

##### PREVALENCE OF INTRAOCULAR HYPERTENSION AND GLAUCOMA IN AN UNSELECTED FRENCH POPULATION

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**OBJECTIVES:** In France, the prevalence of primary open angle glaucoma has been estimated at 2% of the population over 40 years old. Given the limited data available, we prompted an epidemiological survey on the prevalence of ocular hypertension and high pressure glaucoma in France. The principal objective of this survey was to evaluate the prevalence of ocular hypertension and high pressure glaucoma in subjects who were volunteers for a health assessment, and to find some risk factors. **METHOD:** Clinical and laboratory data were collected during the screening program, as well as information on the way of life, and the personal and family medical history. All volunteers were subjected to an intra ocular pressure, IOP recording with an air tonometer. Those with an IOP above 21 mm Hg underwent a FDT (frequency doubling technology) visual field and a non stereoscopic photograph with a digital non mydriatic camera. Among 2797 subjects, 2165 subjects (i.e. 77.4%) agreed to participate. Altogether, 2074 subjects (1384 men and 690 women) were included in the study. **RESULTS:** Intraocular pressure >21 mmHg was observed in 10.1% of men and 6.4% of women. This prevalence increased with age. Glaucoma was confirmed in 2.2% of men and in 3.0% of women. Prevalence of glaucoma in men varied between 0.8% in the youngest subjects and 5.7% in subjects over 60 years, and between 0.6% and 4.7%, respectively in women. Logistic regression demonstrated that few parameters of the health assessment could be linked to intraocular pressure or glaucoma. **CONCLUSION:** This cross sectional study demonstrated that there is a higher prevalence of ocular hypertension and high pressure glaucoma than reported in currently published data. This study did not reveal any major factors that could be linked to ocular hypertension and glaucoma.

PEY2

##### PREVALENCE AND DESCRIPTION OF TREATMENT WITH INTRAOCULAR PRESSURE LOWERING TOPICAL MEDICATIONS IN CONTINENTAL FRANCE

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**OBJECTIVES:** The objective of the present study is to estimate the prevalence of treatment with intraocular pressure (IOP) lowering topical medication in subjects aged 40 years or more in continental France, and to describe the type of therapy, the compliance and quality of life of the treated subjects. **METHODS:** This is a telephone survey performed in general population on a representative sample of 5726 subjects during the year 2004. Subjects treated for glaucoma or HTO were defined as those: declaring using eye drops for more than one month and 1) citing one of the 52 registered IOP-lowering topical medications, and/or 2) declaring that they were taking the eye drops for glaucoma or ocular hypertension (OHT). Quality of life was measured using the GlauQOL-17 questionnaire. **RESULTS:** Globally, 237 subjects (4.1%) corresponded to this definition. The prevalence increased with age, from 0.7% in subjects aged 40–44 years to 10.6% in those aged 80 years or more. Beta-blockers (49.5%) and prostaglandins (37.4%) were the more frequent treatments, followed by carbonic anhydrase inhibitors (15.3%), sympathomimetic mydriatics (5.7%) and myotics (1.3%). Compliance was not total for 39% of the